UPDATED INFORMATION

Family PACT
Planning • Access • Care • Treatment

Medi-Cal Bulletin   **September 2003**

Clinics and Hospitals   Obstetrics
General Medicine   Pharmacy

CPT-4 and HCPCS Update
Implementation September 22, 2003

Effective with the September 22, 2003 implementation of the Health Insurance Portability and Accountability Act (HIPAA), the Family PACT (Planning, Access, Care and Treatment) Program, along with the Department of Health Services (DHS), is implementing the use of the *2003 Current Procedural Terminology – 4th Edition* (CPT-4) codes when billing for Family PACT services. Healthcare Common Procedure Coding System (HCPCS) Level III local codes will no longer be reimbursable by Medi-Cal for dates of service on or after the HIPAA implementation date. Some of the policy changes are highlighted below.

ANESTHESIA
Deleted and Replacement CPT-4 Code
The following is a deleted anesthesia code and its 2003 replacement code. The policy of the deleted code applies to the replacement code.

Deleted	Replacement
00869	00921

IMMUNIZATION
Deleted HCPCS Codes
The following HCPCS Level III local immunization codes will be deleted effective with the implementation of HIPAA.

X7088	X7094	X7100	X7914
X7090	X7096	X7913	

Note: All HCPCS codes listed above remain payable only with a date of service prior to September 22, 2003.

Added CPT-4 Codes
Immunization services for Hepatitis B rendered on or after September 22, 2003 must be billed using the appropriate CPT-4 codes 90743, 90744 and 90746. Providers are instructed to apply the same billing policy used for the deleted codes for the added codes. These codes will be reimbursed for females and males with all Family PACT primary diagnostic codes, except S60.

Immunization *(continued)*

Added CPT-4 Codes with Modifier –SL (State Supplied Vaccine)
Providers must use a Vaccine For Children (VFC)-provided vaccine when available, and use modifier –SL with the CPT-4 code to bill for these immunizations. VFC providers who bill modifier –SL with the CPT-4 codes will be reimbursed only the Medi-Cal VFC program administration fee. Codes 90743, 90744 and 90746 must be billed with an –SL modifier for recipients 18 years of age and younger when using VFC-provided vaccines. The –SK (high-risk) modifier must also be used when appropriate.

Note: Medi-Cal providers who are not VFC providers cannot use modifier –SL, since this service is available only for VFC providers.

PATHOLOGY/LABORATORY
Deleted and Replacement CPT-4 Codes
The following are deleted pathology/laboratory codes and their 2003 replacement codes. Unless otherwise noted, the policy of the deleted code applies to the replacement code.

Deleted	Replacement
85031	85014, 85018 and 85032
88144	For automated screening of automated thin layer preparation, see 88174 and 88175
88145	For automated screening of automated thin layer preparation, see 88174 and 88175

Deleted CPT-4 Codes
The following are deleted codes:

85021	85023
85022	85024

Added CPT-4 Codes
The new hemogram CPT-4 codes below are only available with the listed S-codes that currently allow hemograms.

85004   85049

- Primary Diagnosis Codes: S901 – S9013, infertility, females only
- Secondary Diagnosis Codes: 6140 – 6149, with all primary diagnosis codes except S601 – S602, females only
- Primary Complications Codes: S2031, S3032 and S3035, females only; and S8031, males only

The new cytopathology CPT-4 codes below are only available with the listed S-codes that currently allow cytopathology.

88174   88175

- Primary Diagnosis Codes: all except S601 – S602, females only

Codes Requiring Split-Billing Modifiers
The following CPT-4 codes must be billed with the appropriate split-billing modifier -26, -99, -TC or -ZS:

85004	85049	88175
85032	88174	

Unless otherwise stated, the Family PACT Program defers to Medi-Cal policies, codes and claim submission procedures.

Replacement pages for the Family PACT *Policies, Procedures and Billing Instructions* (PPBI) manual will be issued in a future mailing to Family PACT providers. For more information regarding Family PACT, call the Health Access Programs (HAP) Hotline at 1-800-257-6900 from 8 a.m. to 5 p.m., Monday through Friday, except holidays.